

Legislative – Stroke Task Force
Meeting Minutes
November 12, 2015 – 11:00AM
Meeting Location:
Connecticut Department of Public Health
410 Capitol Avenue, 2-F

Task Force Committee Members Present:

Mehul Dalal, Pam Provisor, Charles Wira, Brian Cournoyer, Amre Nouh

Task Force Committee Members Calling In:

None. Attempts were made by: Karen Butterworth-Erban and John Quinlavin however the conference line was unavailable. (The scheduled conference line was unavailable, and alternate line was not fully functional)

Guests in Attendance:

Dawn Beland, Christine Rutan

Guest(s) Calling In:

David Day - AHA

1.0 Call to Order

Dr. Wira called the meeting to order at 11:12 AM.

1.1 Introduction of Task Force Members

The task force members introduced themselves and their affiliations.

1.2 Acknowledgement of Call in Members

There were no call in members.

1.3 Introductions of Audience Members

Audience members in attendance introduced themselves.

Audience members calling in were acknowledged.

2.0 Review/Approval of previous meeting minutes

Two sets of minutes were distributed, October 29, 2015 and November 2, 2015. Approval was tabled due to lack of a quorum.

3.0 Public Comment

There was no public comment.

4.0 Old Business

Dr. Wira brought the group up to date, reviewing the sample time line he previously distributed via email. Time was set aside in the sample for development of a content outline and a conceptual draft that will be circulated through DPH leadership for comment and sign off followed by a completed draft.

A content outline for the report, previously sent via email to the group was reviewed by Dr. Wira. Each area was reviewed and discussed. There will be sections for each task area with similar formatting for ease of reading. Each will contain two tables, table one being immediate priorities, table two being future priorities. There will be a reference/summary section at the end, which will include future visions, an essential piece of which will be laying the groundwork for a future steering committee. The background section at the beginning of the report and for each task area was discussed. Dr. Wira commented the background area for each task could contain what has been done in Connecticut and other states, what has proven to be successful and what is in the existing guidelines.

Brian Cournoyer asked if it should include the language from SB 438 relating to each task area, discussion followed with consensus that language from SB 438 should be included in each section and in the beginning overview.

Dr. Wira will keep all members informed as the task force moves forward, including those that have not or have been unable to attend, to gain group consensus.

Melissa Guisti Braislin obtained background information on registries currently being used by Connecticut hospitals and whether they are aware of a super user function. Dr. Wira questioned if Connecticut implements a statewide registry would there be a way for DPH to tap into the super user functions of other registries. Discussion followed on hospitals in Connecticut using “Get With The Guidelines”, the cost and whether they are Joint Commission certified.

Discussion followed on other states registry programs. Christine Rutan reviewed her findings of other state’s programs, their stroke committees, registries used, data submission requirements and processes, quality improvement, funding, the use of core measures and analysis of data. Dr. Wira noted it is helpful to have the background information on what other states are using. Dr. Wira asked what other state’s stroke committee’s involvement is in moving forward legislation. David Day answered there are different degrees of involvement in legislative issues, he briefly reviewed those processes. He commented that regarding protocol aspects, in some states those decisions are made at the regional emergency medical council level. Oversight can vary between states.

Dr. Wira noted a potential action item for a future steering committee could be to convert recommendations into legislation, he questioned who would be responsible for moving the task force recommendations forward. Discussion followed on where the steering committee would sit. Dr. Nouh questioned where other states steering committees sit, Christine Rutan noted they are convened in their Departments of Public Health.

David Day reviewed the creation of the Rhode Island Stroke Task Force, commenting that once their recommendations had been made they were free to share their ideas and advocate for them individually. He also spoke about the New Jersey Stroke Task Force continuing in an advisory role after their initial work. He thinks the work of the Connecticut Stroke Task Force is to develop a set of recommendations for legislators; he gave examples of several that might be considered. He commented that recommendations would probably go to the Public Health Committee, if they choose to accept them they will be sent on to the legislative drafting service that will write the language. Discussion followed on the process and the loss of detail in past bills. Dr. Wira spoke about listing priorities.

Dr. Wira questioned if Brian Cournoyer was able to gather data from CMS, he is still working on obtaining that information.

5.0 Task Area Workgroups

Dr. Dalal reviewed his email of November 10, 2015, Re: Stroke Task Force – task # 4. He noted that Pam Provisor and Dawn Beland have contributed some thoughts on organization. He reviewed the “Background” area content. Dawn Beland suggested adding New Jersey to the list. Discussion followed on other state’s designation programs that we are referencing and if others should be included. Dr. Wira suggested adding reference to having every hospital certified at some level for stroke care, review of gap areas in the state, explanation of designation types that currently exist, how many hospitals in Connecticut are Joint Commission certified and freestanding ED’s being acute stroke ready. Placement of information and content of information in the report was discussed.

Dr. Dalal reviewed the next area in his email, “Task Force Analysis and Recommendations”. He noted bullet 1.a. – he feels this spans beyond task #4 and is probably a better fit under task #3, discussion followed on cost and feasibility in relation to what “support” would include. Dawn Beland commented that “support” could include other necessary resources. FTE needs were discussed. Dr. Dalal will revise bullet 1.a. as per the discussion and move it down the list.

Dr. Dalal moved to bullet 1.b., Dr. Nouh questioned how the official list of hospitals with stroke certification would be shared with EMS providers. Discussion followed on appropriate language. Christine Rutan will send examples of language used to Dr. Wira.

Discussion went to 1.c. and 1.d. content. There was extended discussion on having individual hospital protocols included in the electronic repository. Dr. Dalal expressed concern over verifying the credibility of resources included in an electronic repository. Pam Provisor noted this type of information would be extremely valuable in helping build a program, providing a platform to work from. Dawn Beland commented not everyone is well versed in building a program, especially in the beginning and this type of information would be supportive. Christine Rutan noted that every certification body has a manual that serves as a road map to assist with certification. Consensus was to maintain 1.c., and changes discussed will be made to 1.d.

Dr. Dalal moved to 2.a., he noted it seems all are in agreement that there will be a cost, but he does not feel it would be resource intensive. His greater concern is where at DPH this would fit. He spoke about staff limitations and funding concerns. Christine Rutan spoke about where the programs are housed in other states and their involvement levels. Dr. Dalal will consolidate changes discussed and forward the updated document to Dr. Wira.

Dr. Nouh distributed copies of and reviewed his document "Task Force Item #3", which will be forwarded via email to members not in attendance. After review of the Background section, Dr. Wira suggested adding examples of other states quality improvement initiatives, demonstrating the value of a quality improvement process at the state level.

Dr. Nouh reviewed the "Task Force Analysis and Recommendations" section commenting that this area includes a Stroke Steering Committee, with suggested duties and includes examples of other states committees. Discussion followed on what details the group might want to include for a future Stroke Steering Committee membership, duties and oversight. Christine Rutan spoke about how other states Stroke Steering Committees function, their interaction with AHA and their value to the programs.

Dr. Nouh then reviewed the "Data" section, specifically the table at the end of this section containing "Proposed Metrics" for Pre-hospital, Hospital, Interfacility and Post-Acute Care. Discussion followed on items that might be included in the metrics and references. Dr. Nouh asked if the group thought that it was a good idea to have the table of metrics in our report, consensus was positive with comment that they should be left open ended to allow for future changes/additions. Discussion on data collection followed.

Dr. Dalal stated in presenting recommendations to the legislative audience we need to be ensure the measures are very clearly stated and understandable. Dr. Wira commented we need to be clear that a central part of quality improvement efforts would be a state registry. Discussion followed on data collection and analyzation.

Dr. Nouh will change the format/content of his document as discussed, add an appendix, and resend.

General discussion followed on data collection.

6.0 New Business

The next meeting will be December 1, 2015, 11:00AM, DPH, 2nd floor, conference room 2F.

7.0 Adjournment

The meeting adjourned at 1:25PM.

Respectfully Submitted:

Judith A. Reynolds/OEMS/Region 2 Coordinator